

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9614-62-036044

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED OCT 11 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
5 1/2 Weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Lukes HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louisc. CITY OR TOWN Normandy Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) Reside on Farm
7222 Burrwood Dr. Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
GEORGEMiddle
H.Last
COUILLARD4. DATE
OF DEATHMonth
OctoberDay
8Year
19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4/14/969. AGE (last birthday)
66IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Retired10b. KIND OF BUSINESS OR INDUSTRY
Matianance11. BIRTHPLACE (City and state or country)
St. Louis Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Myron Couillard

13b. MOTHER'S MAIDEN NAME

Nan McMillan

14. NAME OF HUSBAND OR WIFE

Earline Couillard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes World War I

17. INFORMANT

Address

Earline Couillard Normandy Missouri

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchiogenic Carcinoma Lung Recognized Aug 1962

Conditions, if any,
which gave rise to
above cause (a),
starting the under-
lying cause last.

DUE TO (b) A.S.H.D. Disease with failure

Oct 6, 1962

DUE TO (c) General Arteriosclerosis-Cerebral Thrombosis

1961

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Spontaneous pathological fracture left humerus about 9-29-62

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

1621F

20c. TIME OF
INJURYHour
a.m.-
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

September 14, 1961 October 8, 1962

last saw him alive on October 7, 1962

Death occurred at 12:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Earline Couillard, M.D.

22b. ADDRESS

864 Hamilton Blvd
St. Louis 12, Mo

22c. DATE SIGNED

10-8-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

10/10/62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri

24. FUNERAL DIRECTOR

ADDRESS

White-Mullen Mortuary Ferguson Mo.

25. DATE RECD. BY LOCAL REG.

OCT 8 1962

26. REGISTRAR'S SIGNATURE

Earline Couillard, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

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81

OCT 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold A. Lehmann

Licensed Embalmer No. 3395

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.